

**INSTRUCTIONS FOR COMPLETING  
AFFIDAVIT OF DIRECT CHILD SUPPORT PAYMENTS**

The attached form must be filled out to the best of your knowledge. To assist you, the following instructions have been provided:

Definitions:

\*Obligor: The person owing the duty of support.

\*Obligee: The person to whom the duty of support is owed.

1. The columns headed **Amount Paid** shows the TOTAL amount you received in child support for that month from the Obligor by direct payments.
2. The form must be completed beginning with the month and year in which the child support was ordered and continued monthly through the current month and year.
3. Options: For any month(s) in which you wish to give the Obligor credit because the child(ren) had been residing or visiting with the Obligor, insert the word "*VISIT*" in the **Amount Paid** column for the appropriate month(s).
4. Options: For any month(s) which you and the Obligor resided in the same household together and the Obligor was contributing his/her share financially to the household and the child(ren), insert the letters "*LT*" for *Living Together* in the **Amount Paid** column for the appropriate month(s).

<i><b>MONTH</b></i>	<i><b>AMOUNT PAID</b></i>
JANUARY	100.00
FEBRUARY	0.00
MARCH	100.00
APRIL	0.00
MAY	50.00
JUNE	VISIT
JULY	0.00
AUGUST	0.00
SEPTEMBER	LT
OCTOBER	LT
NOVEMBER	0.00
DECEMBER	100.00

In this sample, the Obligor paid \$100.00 during the months of January, March, and December; the Obligor paid \$50.00 during the month of May; and failed to pay anything in February, April, July, August, and November. For the month of June, the Obligee opted to give the Obligor credit for having the child(ren). For the months of September and October, Obligee and Obligor resided together and Obligor contributed financially to the household and the child(ren).

(1) Your Name:

Your Address:

Your City, State, Zip Code:

Your Phone:

ATLAS No. (if applicable):

State Bar Number (if applicable):

Representing: ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MARICOPA**

	)	
Petitioner	)	<b>Case No.</b>
VS.	)	<b>ATLAS No.</b>
	)	
Respondent	)	<b>AFFIDAVIT OF DIRECT PAYMENTS</b>

**(Use this form if you made payments directly to the other party, NOT through the Clerk of the Court. It is best if you have receipts to prove you made these payments. Bring this form and copies of all receipts to the court hearing)**

I am the party obligated to make payments to (name)  
under court order. I swear that the following list is a true and accurate account of direct payments I made to that  
person, and the person received the payments.

Subscribed to and sworn before me this date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary public or Deputy Clerk

My commission expires: \_\_\_\_\_

## SCHEDULE OF DIRECT PAYMENTS

YEAR		YEAR		YEAR		YEAR	
Month:	AMOUNT PAID	Month:	AMOUNT PAID	Month:	AMOUNT PAID	Month:	AMOUNT PAID
JAN		JAN		JAN		JAN	
FEB		FEB		FEB		FEB	
MAR		MAR		MAR		MAR	
APR		APR		APR		APR	
MAY		MAY		MAY		MAY	
JUN		JUN		JUN		JUN	
JUL		JUL		JUL		JUL	
AUG		AUG		AUG		AUG	
SEP		SEP		SEP		SEP	
OCT		OCT		OCT		OCT	
NOV		NOV		NOV		NOV	
DEC		DEC		DEC		DEC	